
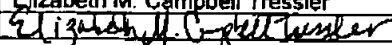


TRANSMITTAL FORM		Application Number		10/624,164	
		Filing Date		July 21, 2003	
		First Named Inventor		Omar J. Fakhoury	
		Art Unit		3617	
		Examiner Name		Russell D. Stormer	
Total Number of Pages in This Submission		6		Attorney Docket Number	
		205017-9004		RECEIVED CENTRAL FAX CENTER NOV 01 2004	
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Before Final <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:			PETITION FOR EXTENSION OF TIME This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a two-month extension of time and pay the fee of \$420.00 (37 CFR 1.17(a)(1)-(6)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.		
CLAIMS FEES					
<input checked="" type="checkbox"/> No additional claim fee is required.					
				Small Entity	
				Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	
Total	8	-	20	=0	
Independent	1	-	4	=0	
<input type="checkbox"/> First Presentation of Multiple Claim					
				Rate	Addit. Claim Fee
				x 9=	\$
				x 43=	\$
				+ 145=	\$
				x 18=	\$0
				x 86=	\$0
				+ 290=	\$0
FEES					
<input type="checkbox"/> Additional Claim Fee					\$0.00
<input type="checkbox"/> Extension fee for two-month					\$0.00
<input type="checkbox"/> Information Disclosure Statement					\$0.00
<input type="checkbox"/> Surcharge for Missing Parts - Declaration					\$0.00
<input type="checkbox"/> Terminal Disclaimer					\$0.00
					\$0.00
TOTAL FEES					\$0.00
PAYMENT OF FEES					
<input type="checkbox"/> A check in the amount of \$ is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.					
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$					
SIGNATURE OF ATTORNEY					
Brian J. Lum, Reg. No. 64,282 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: <u>November 1, 2004</u>	
CERTIFICATE OF TRANSMISSION/MAILING					
I hereby certify that this correspondence is:					
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9308.					
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below					
Typed or printed name				Elizabeth M. Campbell Tressler	
Signature				 Date: <u>11/1/04</u>	

S:\client\205017\9004\CO444493.1

Attorney Docket No. 205017-9004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Omar J. Fakhoury

Application No. 10/624,164

Filed: July 21, 2003

For: "OUTBOARD RIBBED WHEEL HUB"

Art Unit: 3617

Examiner: Russell D. Stormer

Confirmation No. 6360

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I, Elizabeth M. Campbell Tressler, hereby certify that this correspondence is being transmitted via facsimile to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile number (703) 872-9306 on 11-1-04

Elizabeth M. Campbell Tressler
Signature

11/1/04
Date of Signature

RESPONSE TO FINAL OFFICE ACTION OF AUGUST 2, 2004

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action of August 2, 2004, please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.